

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=62-015579**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 150

Primary Registration District No. 4240

Registrar's No. 45

**FILED MAY 15 1962**

VS 300  
Rev. 4/59

17000

27000

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4 0

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9 162.1

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12 90-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Blue Springs, Mo.</u>		c. CITY OR TOWN <u>Blue Springs, Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Highway 40</u>		d. STREET ADDRESS (If outside, give location) <u>Highway 40</u>	
3. NAME OF DECEASED (Type or print) First <u>MARVIN</u> Middle <u>Lee</u> Last <u>Compton</u>		4. DATE OF DEATH Month <u>May</u> Day <u>10</u> Year <u>1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-6-89</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired - poultry business</u>		11. BIRTHPLACE (City and state or country) <u>Richhill, Mo. U.S.</u>	
12a. FATHER'S NAME <u>Charles Compton</u>		12b. MOTHER'S MAIDEN NAME <u>Julia Lyons</u>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		14. NAME OF HUSBAND OR WIFE <u>Harriet Compton</u>	
15. SOCIAL SECURITY NO. <u>[redacted]</u>		16. INFORMANT Address <u>Harriet Compton</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Epidermoid carcinoma l. breast</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____
21. I attended the deceased from <u>11-4-54</u> to <u>5-10-62</u> and last saw him alive on <u>5-9-62</u> Death occurred at <u>7:30 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Merrill B. Bay M.D.</u>		22b. ADDRESS <u>Blue Springs Mo</u>	22c. DATE SIGNED <u>5-12-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 14 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Farrest Hill</u>	23d. LOCATION (City, town, or county) (State) <u>K.C. Missouri</u>
24. FUNERAL DIRECTOR <u>Mayfield</u>		25. DATE RECD. BY LOCAL REG. <u>5-13-62</u>	
ADDRESS <u>1600 main Blue Springs Mo.</u>		26. REGISTRAR'S SIGNATURE <u>N.B. Longford</u>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Charles E. Mayfield*

Licensed Embalmer No.

*4838*

P. O. Address

*Blue Springs, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.